

FILED JAN 13 1956

STANDARD CERTIFICATE OF DEATH

State File No. 13058

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10997**

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>2249</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>24 3701 Iowa Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>A.</u> c. (Last) <u>ZACHER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22 1950</u>	
5. SEX <u>Male</u> <u>C</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 25, 1884</u>
9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR Months <u>00</u> Days <u>00</u> Hours <u>00</u> Min. <u>00</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk-Concordia Pub. Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Paul Zacher</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertha Zacher</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Zacher</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MESENTERIC THROMBOSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 1/2 HRS</u> ANTECEDENT CAUSES DUE TO (b) <u>MYOCARDITIS CHR</u> <u>6 yrs</u> DUE TO (c) <u>AURICULAR FIBRILLATION</u> <u>6 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>COLITIS CHRONIC</u> <u>10 yrs</u>	
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>	
21d. TIME OF INJURY <u>0</u>		21e. HOW INJURY OCCURRED <u>0</u>	
21f. HOW DID INJURY OCCUR? <u>4872</u>		21g. HOW DID INJURY OCCUR? <u>0</u>	
22. I hereby certify that I attended the deceased from <u>MAY 27 1946</u> , to <u>December 22, 1950</u> , that I last saw the deceased alive on <u>Dec 4, 1950</u> , and that death occurred at <u>3:15 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>0</u>		23b. ADDRESS <u>0</u>	
23c. DATE SIGNED <u>12/23/50</u>		23d. DATE SIGNED <u>0</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 26, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Our Redeemer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 25 1950</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>4228 S. Kingshighway Bl.</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>0</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

William B. White

Signed

Student Embalmer

Licensed Embalmer No. *4241*

P. O. Address *4228 S. Kings Highway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.